

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Kansas Department for Children and Families		9. Position No. K0049473		10. Budget Program Number 629-20110		Agency Number	
2. Employee Name (leave blank if position vacant)				11. Present Class Title (if existing position) Program Consultant I			Position Number
3. Division Family Services				12. Proposed Class Title			
4. Section Economic and Employment Services		For	13. Allocation				
5. Unit System Automation			Use	14. Effective Date			
6. Location (address where employee works)		By		15. By			
City Topeka County Shawnee			Personnel	16. Audit Date: By: Date: By:			
7. (circle appropriate time) Full time X Perm. X Inter. Part time Temp. %		Office		17. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM To: 5:00 PM							

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

The purpose of this position is to support Business Process Management maintenance, the Electronic Benefit Transfer (EBT) payment delivery system, while performing related functions such as funds reconciliation, and assist with federal reporting, and claims management. Assist with registering vendors with LifeLine. Be the lead resource in drafting MOU's with other entities. Assist with monitoring eDRS and PARIS matches.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name

Title

Position Number

Jaryl Perkins K0044540

Who evaluates the work of an incumbent in this position?

Name

Title

Position Number

Same

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

After general guidelines are given and understood, the employee is allowed to develop the methodology and procedures for accomplishing the work.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	
1 25%	<p><u>Reconciliation</u> - Prints EBT information from eFunds, SARS or AMA/ASAP systems needed to complete 'daily', 'monthly', 'funds entering' and 'funds remaining' Food Assistance reconciliation reports and enters data on established spreadsheets. Maintains established spreadsheets for completing this information. When differences are discovered, resolution is achieved via system review, discussion and correspondence with appropriate state, federal or contractor staff. Retains supporting documentation and shares reports with EBT manager and others as requested. Investigates inquiries, concerns and problems for SRS field staff, eFunds, retailers and ATM owners, and banks that accept the Kansas Benefit Card. Identifies and resolves problems or refers to the correct person or group for resolution. Composes and sends KAECSSES notices as needed or corresponds via e-mail or telephone to resolve the problems.</p>
2 25%	<p><u>Claims and Business Process Management</u> - Receives DRIPS (Disqualified Recipient Information Report) forms (ES-524's) from field staff and reviews for completeness and correctness. If incomplete or incorrect, KAECSSES will be accessed and/or field staff will be contacted to obtain correct information or informed of correct repayment plan and need to send notice. Enters recipient data into the national DRS (Disqualified Recipient Subsystem) system via the on-line eDRS system. DRIPS information is also used to answer inquiries from SRS field staff, out-of-state inquiries and other interested parties such as Quality Assurance and Management Evaluation. Monitors fraud claim activity (disqualifications) to assure that a DRIPS form is submitted to Central Office, demand letters have been sent to clients and that the correct error type and repayment plan is entered on the OVCA screen on KAECSSES. Workers will be contacted when more action is needed to bring the case into compliance. Applies expunged benefits to outstanding claims on a monthly basis. This will include adjusting claim balances, sending KAECSSES notices, and sharing expunged documentation with appropriate central office staff. Reviews EBT system for EBT benefit repayments daily. Assures that repayment report is printed and documentation is received from field staff and forwarded on to the Central Receivables Unit as per the procedures. Assists with the maintenance of the business management process statewide.</p>
3 25%	<p><u>Audits and Validations</u> – Identification and investigation of data that appear to be outliers to typical program data compositions or contradict current case information. Responsibility for data matches and other data analysis is necessary to ensure program integrity in the cash and food assistance programs. Function as main back-up for Out of State Inquiries by performing duties related to inquiries from other states needing to know if customers/potential customers are currently on assistance and/or number of TANF months used when main contact is unavailable. Document responses to other states. The primary work includes data contained in the PARIS Interstate Report and IRS (Federal Tax information match).</p>
4 15%	<p><u>Agreements</u> - Serves as liaison with other SRS sections, other states and federal agencies, non-governmental entities in relation to EES automation/interface interests. Facilitate the MOU process.</p>
5 10%	<p><u>Miscellaneous</u> - Other assigned duties.</p>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title

Position Number

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23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Benefits to DCF customers could be delayed or incorrect as a result of not performing the essential duties of this job. Lack of consistent application of Business Process Management principles and tools could result a delay in service provision. There may be substantial cost to the agency and the customer if the claims management function is not completed. Additionally, federal sanctions could result if the duties of this position are not completed.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contact is common with state, federal, contractor staff, and possibly DCF customers and the public for the purpose of responding to inquiries, problem resolution, information gathering and advising staff on guidelines and procedures related to EBT, Business Process Management, claims and benefit issues.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

The work environment involves only routine discomforts typical of offices, meetings, and training rooms. There may be stress associated with meeting deadlines and responding to staff inquiries and requests.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Personal computer, printer/ fax machine, telephone, and copier used daily. Vehicle for travel as needed. Some overnights may be required.

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Six months of experience in planning, implementing and monitoring activities relevant to the agency's programs. Education may be substituted for experience as determined relevant by the agency.

Education or Training - Special or professional

License, certificates and registrations

Special knowledge, skills and abilities

Experience with word processing, spreadsheet and database applications including the ability to create forms, tables, queries and reports. Experience with basic accounting skills. Experience with the Business Process Management model. Customer service and EES program experience is also preferred.

Experience - Length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date